

2008

Arizona Behavioral Risk Factor Surveillance System

Questionnaire

December 17, 2007

Behavioral Risk Factor Surveillance System 2008 Questionnaire

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Introduction Script

HELLO, I am calling for the Arizona Department of Health Services. My name is (name). We are gathering information about the health of Arizona residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in Arizona ?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]? Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 4

To the correct respondent:

HELLO, I am calling for the Arizona Department of Health Services . My name is (name) . We are gathering information about the health of Arizona residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call (give appropriate state telephone number). The call may be monitored for quality assurance.

Section 1: Health Status

- 1.1** Would you say that in general your health is— (73)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

[CATI: If Q2.1 and Q2.2 = 88 (None), go to next section]

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)
- | | | |
|---|---|----------------|
| — | — | Number of days |
|---|---|----------------|

8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

1 Within past year (anytime less than 12 months ago)
2 Within past 2 years (1 year but less than 2 years ago)
3 Within past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Section 5: Exercise

- 5.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Section 6: Diabetes

- 6.1** Have you ever been told by a doctor that you have diabetes?
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- If respondent says pre-diabetes or borderline diabetes, use response code 4.** (87)

1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	Don't know / Not sure
9	Refused

Module 1: Pre-Diabetes

[CATI: if Q6.1=1 go to next section. Else continue.]

{NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).}

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years?

(226)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If S6q1=4 (pre-diabetes or borderline diabetes); answer Mod1_2 “Yes” (code=1).}

Mod1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

(227)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

{If S6q1=1, continue; else go to next section.}

Mod2_1. How old were you when you were told you have diabetes?

(228-229)

- — Code age in years **[97 = 97 and older]**
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod2_2. Are you now taking insulin?

(230)

- 1 Yes
- 2 No
- 9 Refused

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(231-233)

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (234-236)

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (237-238)

_	_	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (239-240)

_	_	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

[CATI note: If Mod2_4 = 555 (No feet), go to Mod2_8.]

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (241-242)

_	_	Number of times [76 = 76 or more]
8	8	None

- 7 7 Don't know / Not sure
- 9 9 Refused

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(243)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(244)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod2_10. Have you ever taken a course or class in how to manage your diabetes yourself?

(245)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{CATI: If S7q1 = 8 (Never) or S7q2 = 3 (All), go to next section}

7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(90)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction?

(91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.2 (Ever told) you had angina or coronary heart disease? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.3 (Ever told) you had a stroke? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

9.2 Do you still have asthma? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Disability

The following questions are about health problems or impairments you may have.

10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (97)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

Section 12: Demographics

12.1 What is your age? (101-102)

— — Code age in years
 0 7 Don't know / Not sure
 0 9 Refused

12.2 Are you Hispanic or Latino? (103)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

12.3 Which one or more of the following would you say is your race? (104-109)

(Check all that apply)

Please read:

1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian or Alaska Native

Or

6 Other [specify] _____

Do not read:

8 No additional choices
 7 Don't know / Not sure
 9 Refused

[CATI: If more than one response to S12q3; continue. Otherwise, go to S12q5]

12.4 Which one of these groups would you say best represents your race? (110)

1 White
 2 Black or African American
 3 Asian

- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(111)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...?

(112)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- Or**
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household?

(113-114)

- — Number of children
- 8 8 None
- 9 9 Refused

12.8 What is the highest grade or year of school you completed?

(115)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)

- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

12.9

Are you currently...?

(116)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10

Is your annual household income from all sources—

(117-118)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no,” code 02**
- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

12.11 About how much do you weigh without shoes?

(119-122)

[CATI: If respondent answers in metrics, put "9" in column 119.]

Round fractions up

 Weight
_ _ _ _
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

12.12 About how tall are you without shoes?

(123-126)

NOTE: If respondent answers in metrics, put "9" in column 123.

Round fractions down

 Height
_ _ / _ _
(f t / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

[CATI: If S12q11 = 7777 (Don't know/Not sure) or 9999 (Refused), go to S12q15]

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(127-130)

NOTE: If respondent answers in metrics, put "9" in column 127.

Round fractions up

 Weight
_ _ _ _
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

{CATI: Subtract weight one year ago from current weight. If weight is same, go to S12q15}

- 12.14** Was the change between your current weight and your weight a year ago intentional? (131)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 12.15** What county do you live in? (132-134)
- — — FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused
- 12.16** What is your ZIP Code where you live? (135-139)
- — — — ZIP Code
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused
- 12.17** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (140)
- 1 Yes
2 No [Go to S12q19]
7 Don't know / Not sure [Go to S12q19]
9 Refused [Go to S12q19]
- 12.18** How many of these telephone numbers are residential numbers? (141)
- Residential telephone numbers [6 = 6 or more]
7 Don't know / Not sure
9 Refused
- 12.19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (142)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 12.20** Indicate sex of respondent. Ask only if necessary. (143)

- | | | |
|---|--------|---|
| 1 | Male | [Go to next section] |
| 2 | Female | [If respondent is 45 years old or older, go to next section] |

12.21 To your knowledge, are you now pregnant? (144)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (145)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146-148)

- | | | | |
|---|----|---------------------------|-----------------------------|
| 1 | __ | Days per week | |
| 2 | __ | Days in past 30 days | |
| 8 | 8 | No drinks in past 30 days | [Go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. (149-150)

- | | | |
|----|----|-----------------------|
| __ | __ | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** **[CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (151-152)

— —	Number of times
8 8	None
7 7	Don't know / Not sure
9 9	Refused

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?
(153-154)

— —	Number of drinks
7 7	Don't know / Not sure
9 9	Refused

Section 14: Immunization

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?
(155)

1	Yes	
2	No	[Go to S14q3]
7	Don't know / Not sure	[Go to S14q3]
9	Refused	[Go to S14q3]

14.2 During what month and year did you receive your most recent flu shot?
(156-161)

— — / — — — —	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™.
(162)

1	Yes	
2	No	[Go to S14q5]
7	Don't know / Not sure	[Go to S14q5]
9	Refused	[Go to S14q5]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?
(163-168)

— — / — — — —	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

{CATI: If s12q1>44, continue; If s12q1<45, go to next section}

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen? (170-171)

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

15.2 [CATI: Fill in "Did this fall cause an injury?" if s15q1=1].

Interviewer Note: If only one fall from S15q1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of falls | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 17: Drinking and Driving

[CATI note: If S16q1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.]

[CATI note: If S13q1 = 2 (No); go to next section.]

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

- – Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 18: Women's Health

[CATI note: If S12q20=1 (male), go to the next section.]

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to S18q3]
- 7 Don't know / Not sure [Go to S18q3]
- 9 Refused [Go to S18q3]

18.2 How long has it been since you had your last mammogram? (178)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No [Go to S18q5]
- 7 Don't know / Not sure [Go to S18q5]
- 9 Refused [Go to S18q5]

18.4 How long has it been since your last breast exam? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to S18q7]
- 7 Don't know / Not sure [Go to S18q7]
- 9 Refused [Go to S18q7]

18.6 How long has it been since you had your last Pap test? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

[CATI note: If response to Core S12q21 = 1 (is pregnant), go to next section.]

18.7 Have you had a hysterectomy? (183)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening

{CATI note: If S12q1<40 or S12q20=2, (female), go to next section.}

{Else if s12q1>39 and s12q20=1 (male), continue}

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (184)

- 1 Yes
- 2 No **[Go to S19q3]**
- 7 Don't Know / Not sure **[Go to S19q3]**
- 9 Refused **[Go to S19q3]**

19.2 How long has it been since you had your last PSA test? (185)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (186)

- 1 Yes
- 2 No [Go to S19q5]
- 7 Don't know / Not sure [Go to S19q5]
- 9 Refused [Go to S19q5]

19.4 How long has it been since your last digital rectal exam? (187)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 20: Colorectal Cancer Screening

{CATI note: If s12q1<50 years of age, go to next section.}

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (189)

- 1 Yes
- 2 No [Go to S20q3]
- 7 Don't know / Not sure [Go to S20q3]
- 9 Refused [Go to S20q3]

20.2 How long has it been since you had your last blood stool test using a home kit? (190)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (191)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (192)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (192)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 21: HIV/AIDS

[CATI note: If s12q1>64 (respondent is 65 years old or older), go to next section.]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (193)

- 1 Yes
- 2 No [Go to S21q5]
- 7 Don't know / Not sure [Go to S21q5]
- 9 Refused [Go to S21q5]

21.2 Not including blood donations, in what month and year was your last HIV test? (194-199)

NOTE: If response is before January 1985, code "Don't know."

[INTERVIEWER INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.]

- __ / __ __ __ __ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (200-201)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

[CATI note: Ask s21q4; if s21q2 = within last 12 months. Otherwise, go to s21q5.]

21.4 Was it a rapid test where you could get your results within a couple of hours? (202)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

21.5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have used intravenous drugs in the past year.
 You have been treated for a sexually transmitted or venereal disease in the past year.
 You have given or received money or drugs in exchange for sex in the past year.
 You had anal sex without a condom in the past year.

Do any of these situations apply to you? (203)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any source". (204)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

22.2 In general, how satisfied are you with your life?

(205)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 8: Secondhand Smoke

These next questions are about exposure to secondhand smoke.

{CATI NOTE: If Core S12q9 = 1 or 2 (Employed Self-employed), continue. Else, go to Mod8_2.}

Mod8_1. On how many of the past 7 days did someone smoke in your indoor workplace while you were there?

(284-285)

- — Number of days (1-7 days)
- 5 5 Did not work in the past 7 days
- 6 6 I do not work indoors most of the time
- 8 8 None

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

Mod8_2. On how many of the past 7 days did anyone smoke in your home while you were there?

(286-287)

— — Number of days (1-7 days)
5 5 I was not at home in the past 7 days
8 8 None

Do not read:

7 7 Don't know / Not sure
9 9 Refused

Mod8_3. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

(288)

Please read:

1 Smoking is not allowed anywhere inside my home
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside my home
Or
4 There are no rules about smoking inside my home

Do not read:

7 Don't know / Not sure
9 Refused

Mod8_4. In bars, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

(289)

Please read:

1 Allowed in all areas
2 Allowed in some areas
3 Not allowed at all

Do not read:

7 Don't know / Not sure
9 Refused

Mod8_5. In restaurants, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

(290)

Please read:

1 Allowed in all areas
2 Allowed in some areas
3 Not allowed at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod8_6. Inside indoor workplaces, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

(291)

Please read:

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 9: Adult Asthma History

{CATI: If S9q1=1, continue. Else go to next Section.}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod9_1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(292-293)

- — Age in years **[96 = 96 and older]**
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{CATI: If S9q2=1, continue. Else go to next section.}

Mod9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(294)

- 1 Yes
- 2 No **[Go to Mod9_5]**
- 7 Don't know / Not sure **[Go to Mod9_5]**
- 9 Refused **[Go to Mod9_5]**

Mod9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

(295-296)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

Mod9_4. [If one or more visits to Mod9_3, fill in “Besides those emergency room visits,”]
During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
(297-298)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

Mod9_5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?
(299-300)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

Mod9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?
(301-303)

—	—	—	Number of days
8	8	8	None
7	7	7	Don't know / Not sure
9	9	9	Refused

Mod9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —
(304)

Please read:

8	Not at any time	[Go to Mod9_9]
1	Less than once a week	
2	Once or twice a week	
3	More than 2 times a week, but not every day	
4	Every day, but not all the time	
Or		
5	Every day, all the time	

Do not read:

7	Don't know / Not sure
9	Refused

Mod9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say — (305)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten
- Or**
- 5 More than ten

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod9_9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? (306)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod9_10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (307)

[INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

- 7 Don't know / Not sure

Module 13: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Mod13_1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
(320-321)

—	—	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod13_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
(322-323)

—	—	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod13_3. Over the last 2 weeks, how many days have you had trouble falling asleep, staying asleep or sleeping too much?
(324-325)

—	—	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod13_4. Over the last 2 weeks, how many days have you felt tired or had little energy?
(326-327)

—	—	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod13_5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
(328-329)

—	—	01-14 days
8	8	None
7	7	Don't know / Not sure

9 9 Refused

Mod13_6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (330-331)

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod13_7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (332-333)

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod13_8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (334-335)

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod13_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (336)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Mod13_10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (337)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Module 15: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Mod15_1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child.
Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

Mod15_1. What is the birth month and year of the “Xth” child?

(365-370)

<u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Mod15_2. Is the child a boy or a girl?

(371)

1	Boy
2	Girl
9	Refused

Mod15_3. Is the child Hispanic or Latino?

(372)

1	Yes
2	No
7	Don’t know / Not sure
9	Refused

Mod15_4. Which one or more of the following would you say is the race of the child?
(373-378)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Mod15_4, continue. Otherwise, go to Mod15_6.}

Mod15_5. Which one of these groups would you say best represents the child's race?
(379)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Mod15_6. How are you related to the child?
(380)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 16: Childhood Asthma Prevalence

[CATI: If response to S12q7 = 88 or 99 (None or Refused), go to next section.]

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

Mod16_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (381)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

Mod16_2. Does the child still have asthma? (382)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

State-Added 1: Osteoporosis

{Ask of ALL}

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

AZ1_1 Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

State-Added 2: Game Fish Consumption

{Ask of ALL}

AZ2_1 In the past 12 months did you eat fish that was caught from an Arizona lake, river or stream by you or someone you know? Please do not include shellfish or fish that came from a store, market, or restaurant.

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't know/Not sure **[go to next section]**
- 9 Refused **[go to next section]**

AZ2_2 In the past 30 days, how many times did you eat fish that was caught from an Arizona lake, river or stream by you or someone you know? Please do not include shellfish or fish that came from a store, market, or restaurant.

- — Number of days [Enter response 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

AZ2_3 When you eat wild caught fish, how many portions do you usually consume in a meal? A portion of fish is 3 ounces, which is equal to a piece the size of a deck of cards or the palm of your hand.

- — Number of portions
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

State-Added 3: West Nile Virus

{Ask of ALL}

AZ3_1 During this last summer, how often have you noticed mosquitoes in, or around your home at night?

Would you say..

- 1 Always
- 2 Sometimes
- 5 Never

Do not read

- 7 Don't know / Not sure
- 9 Refused

AZ3_2 If there is a local mosquito problem, how often are you concerned enough about diseases like West Nile virus to use insect repellents on your skin or clothes? Would you say..

- 1 Always
- 2 Sometimes

5 Never

Do not read

7 Don't know / Not sure

9 Refused

AZ3_3 This last summer, did you take steps to prevent mosquito breeding around your home, such as emptying or removing water holding containers like pots, tires, buckets, and properly maintaining any swimming pools?

Would you say..

1 Always

2 Sometimes

5 Never

Do Not Read

7 Don't know / Not sure

9 Refused

State-Added 4: Pets & Salmonella Prevention

{Ask of ALL}

AZ4_1 Do you, or any member of your immediate family, own a pet reptile or amphibian, such as lizards, turtles, snakes, frogs, toads or salamanders?

1 Yes

2 No **[go to next section]**

7 Don't know/Not sure **[go to next section]**

9 Refused **[go to next section]**

AZ4_2 **How often** do you and family members take steps to prevent infections, like Salmonella, such as hand washing with soap, after handling pets and cleaning cages?

Would you say..

1 Always

2 Sometimes

5 Never

7 Don't know / Not sure

9 Refused

State-Added 5: Valley Fever

{Ask of ALL}

AZ5_1 In total, how many years have you lived in Arizona?

— — —	Years	[CATI RANGE CHECK – DO NOT ALLOW RESPONSE > s12q1]
0 0 0	< 1 Year	
7 7 7	Unknown	
9 9 9	Refused	

Now I am going to ask you some questions about valley fever.

AZ5_2 Do you consider valley fever to be a significant health problem in Arizona?

Please Read:

- 1 I have never heard of valley fever **[go to next section]**
- 2 Yes, I consider valley fever to be a health problem
- 3 No, I do not consider valley fever to be a health problem

Do Not Read

- 7 Don't know / Not sure
- 9 Refused

AZ5_3 How did you hear about Valley Fever?

[

Please Read:

- 01 Healthcare provider
- 02 Family Member, friend, or co-worker
- 03 Someone else
- 04 TV
- 05 Radio
- 06 Internet
- 07 Newspaper or Magazine
- 08 Other

Do Not Read

- 66 I have never heard of valley fever **[go to next section]**
- 77 Don't know / Not sure
- 99 Refused

AZ5_4 How do you get Valley Fever?

Please Read:

- 1 From close contact with another person with Valley Fever
- 2 From a monsoon
- 3 From food or water
- 4 From inhaling spores found in dust
- 5 From mosquito's or other insect bites

Do Not Read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 6: Physical Activity

{CATI: If S12q9 = 1 or 2 continue; else go to AZ6_2}

AZ6_1 When you are at work, which of the following best describes what you do?
Would you say...

[Interviewer Note: If respondent has multiple jobs, include all jobs.]

Please Read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- Or
- 3 Mostly heavy labor or physically demanding work

Do Not Read:

- 7 Don't know/Not Sure
- 9 Refused

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

AZ6_2 Now, thinking about the moderate activities you do **[fill in (when you are not working,) if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes
- 2 No **[Go to AZ6_5]**
- 7 Don't know/Not sure **[Go to AZ6_5]**
- 9 Refused **[Go to AZ6_5]**

AZ6_3 How many days per week do you do these moderate activities for at least 10 minutes?

- __ Days per week
- 77 Don't know / Not sure **[Go to AZ6_5]**
- 88 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to AZ6_5]**
- 99 Refused **[Go to AZ6_5]**

AZ6_4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- :_: Hours and minutes per day
- 777 Don't know / Not sure

999 Refused

AZ6_5 Now, thinking about the vigorous activities you do **[fill in (when you are not working) if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

AZ6_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
- 77 Don't know / Not sure **[go to next section]**
- 88 Do not do any vigorous physical activity for at least 10 minutes at a time **[go to next section]**
- 99 Refused **[go to next section]**

AZ6_7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- ._._ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

State-Added 7: Hypertension Awareness

{Ask of ALL}

AZ7_1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

[Interviewer: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 4 Told borderline high or pre-hypertensive **[Go to next section]**
- 7 Don't know/Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

AZ7_2 Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 12: Asthma call-back screener

{Arizona will participate in the Adult and Child Asthma survey}

{If s9q1 or s9q2=1 or Mod16_1 or Mod16_2=1, continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

Ast1. We would like to call to you again within the next 2 weeks to talk in more detail about **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in Arizona.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No **[go to next section]**

Astcb. Would you like to schedule an appointment so we can do this call-back interview about your /your child's asthma, at a time that would be most convenient for you?

- 1 Yes: schedule a date and time for callback. _____
- 2 No, appointment not scheduled

Closing statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation. **//Add contact information or IVR number here.**